

Case Number:	CM14-0132108		
Date Assigned:	08/22/2014	Date of Injury:	03/11/2009
Decision Date:	01/31/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60 year old female with an injury date of 03/11/09. As per progress report dated 07/07/14, the patient is status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned). The patient currently complains of pain in her back, knees, ankles and feet. She experiences dull, aching, shooting, sharp and constant pain at the base of the skull, in the middle, and at the base of the neck, rated at 5/10. Certain activities can increase the pain to 7/10. Physical examination of the cervical spine reveals tenderness to palpation in the bilateral paraspinal, occipital, suboccipital and trapezius muscles along with palpable spasms. Range of motion of the cervical spine is limited with flexion at 36 degrees, extension at 35 degrees, right lateral flexion at 30 degrees, left lateral flexion at 35 degrees, right rotation at 60 degrees and left rotation at 65 degrees. The cervical compression test is positive. There is decreased sensation to light touch and pinprick in the right anterolateral shoulder and arm. Medications include Advil and anti-hypertension drugs, as per the same progress report. The patient has not returned to work since 03/11/09, as per progress report dated 07/07/14. Diagnosis, 07/07/14: History of cervical spine discogenic exacerbation. The treator is requesting for (a) PHYSICAL THERPAY 2X 6 (b) URINE TOXICOLOGY (c) INTERFERENTIAL UNIT (d) HOT COLD UNIT (e) MENTHODERM GEL. The utilization review determination being challenged is dated 07/25/14. Treatment reports were provided from 07/07/14 - 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in her back, knees, ankles and feet, as per progress report dated 07/07/14. The request is for physical therapy 2 x 6. The neck pain is rated at 5-7/10. The patient is also status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report dated prior to the denial letter has been provided for review. In the progress report, dated 07/07/14, the treater requests for physical therapy for "treatment of the neck pain." In the Request For Authorization form with the same date, the treater requests for "Physical Therapy Evaluation and Treatment." A physical therapy evaluation report dated 08/11/14 (after the UR denial date) has also been provided for review. However, it appears that the patient has not received treatment after that. Given the patient's date of injury, it is prudent to assume that she has received some physical therapy in the past but the progress report does not discuss prior therapy and its impact on patient's pain and function. Additionally, the treater's request for 12 sessions exceeds what is allowed by MTUS in non-operative cases. This request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT).

Decision rationale: The patient presents with pain in her back, knees, ankles and feet, as per progress report dated 07/07/14. The request is for urine toxicology. The neck pain is rated at 5-7/10. The patient is also status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), as per the same progress report. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with

active substance abuse disorders."In this case, only one progress report dated prior to the denial letter has been provided for review and it does not discuss the request for urine toxicology. The RFA also does not mention the reason for this test. As per the available progress report dated 07/07/14, the patient is taking Advil (NSAID) for pain relief. There is no indication of opioid use. The treater does not provide a risk assessment for the patient and no prior UDS tests are available for review. Since the patient is not on any opiates, there would be no need for a UDS. The request is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in her back, knees, ankles and feet, as per progress report dated 07/07/14. The request is for interferential unit. The neck pain is rated at 5-7/10. The patient is also status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), as per the same progress report. For Interferential Current Stimulation (ICS), MTUS guidelines state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, only one progress report dated prior to the denial letter has been provided for review. Although the progress report, dated 07/07/14, and the RFA contain the request for an IF unit, the treater does not explain the need. The patient takes Advil to manage the pain. There is no evidence that medications and conservative measures are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. The patient is status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), but has not had any neck surgeries, as per the available report. The report does not establish the need for an IF unit. This request is not medically necessary.

Hot Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Neck and Upper Back (Acute & Chronic) Chapter, Heat/Cold Applications.

Decision rationale: The patient presents with pain in her back, knees, ankles and feet, as per progress report dated 07/07/14. The request is for hot and cold unit. The neck pain is rated at 5-7/10. The patient is also status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), as per the same progress report. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Heat/Cold Applications' states that hot/cold treatments are "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. "In this case, only one progress report dated prior to the denial letter has been provided for review. Although the progress report, dated 07/07/14, and the RFA contain the request for a hot and cold unit, the treater does not explain the need. The patient is suffering from chronic neck pain since her injury date. ODG guidelines recommend heat/cold applications only during the first few days of symptoms. Additionally, the progress report does not specify the type of unit and extent of use. The report lacks relevant information required to make a determination. The request is not medically necessary.

Menthoderm Gel 240 gm: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

Decision rationale: The patient presents with pain in her back, knees, ankles and feet, as per progress report dated 07/07/14. The request is for menthoderm gel 240 gm. This product contains salicylate and menthol. The neck pain is rated at 5-7/10. The patient is also status post two carpal tunnel surgeries on each hand, bilateral knee surgery, and hysterectomy (dated not mentioned), as per the same progress report. Menthoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, only one progress report dated prior to the denial letter has been provided for review and it contains a request for the gel. The treater states that "Topical medications were prescribed in order to minimize possible GI and neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." This patient has knees, ankles, feet and wrist pain as well as axial spinal pain. Trial of topical NSAID may be reasonable to treat the patient's peripheral joint arthritis/tendinitis problems per MTUS. The request is medically necessary.